THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): Under the National Common Minimum Programme (NCMP) of UPA Government, health care is one of the seven thrust areas. The NCMP mandates an increase in expenditure in health sector, with main focus on Primary Health Care from current level of 0.9% of GDP to 2-3% of GDP over the next five years. The National Rural Health Mission (NRHM) which is the main vehicle for giving effect to the above mandate has been implemented throughout the country, with special focus on 18 states which includes Rajasthan. All the arid zones of Rajasthan are covered under the NRHM.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health care services through creation of a cadre of Accredited Social Health Activists (ASHA),and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources.

Spurious AIDS medicines

2086. SHRI ABU ASIM AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large quantity of inferior quality of medicines for HIV and AIDS diseases have been located recently by Government;

(b) if so, whether it is a fact that the number of HIV and AIDS patients are increasing rapidly in the country as a result of use of this adultered medicines; and

(c) the actions being taken by Government to stop further production of false medicines and to save the patients?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No such information in this regard has been received. Under the National AIDS Control Programme, the medicines are procured from WHO-accredited pharmaceutical companies following laid down criteria through open tender process. The drugs are tested prior to dispatch to the anti-retroviral treatment centres located in government hospitals.

(b) No, Sir.

(c) Question does not arise.

Malaria and TB in Jharkhand

2087. MS. MABEL REBELLO: Will the MINISTR OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many people are affected by malaria and TB. annually in Jharkhand; and

(b) how many people died of malaria and TB. annually in Jharkhand district-wise, disease-wise and year-wise during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Malaria cases

reported by the State for the last three years and current year up to May, 2007 are as under:

Year	Cases
2004	143722
2005	193144
2006*	189687
2007*(upto May)	47415

*Provisional

As per the National Annual Risk of TB infection survey conducted in 2000-2003, it is estimated that about 42,000 new cases occur every year in Jharkhand.

(b) As per reports received from the State Government, the district-wise total number of deaths due to Malaria for the last three years and current year are given in Statement-I *{See* below). Deaths were not being reported in earlier National TB Control Programme. Under Revised National TB Control Programme, deaths amongst patients registered for treatment are reported which-become available only after one year from initiation of treatment. Thus, the information on TB deaths is available only upto year 2005 is given in Statement-II.

Statement-I

District-wise Deaths due to Malaria in Jharkhand during the last three years

Sl.No	District	2004	2005	2006*	2007* (till May, 2007)
1	2	3	4	5	6
1.	Ranchi	0	0	1	0
2.	Gumla	12	9	2	0
3.	Simdega	0	0	0	0
4.	Lohardaga	0	1	1	0
5.	East Singhbhum	0	0	0	0
6.	West Singhbhum	0	5	0	0
7.	Saraikela	0	0	0	0
8.	Giridh	0	0	0	0
9.	Pakur	0	0	0	0
10.	Sahibganj	0	0	0	0
11.	Godda	27	5	0	1
11	Dumka	0	0	0	0
13.	Jamtara	0	0	0	0
14.	Gharwa	0	0	0	0
15.	Palamu	0	1	0	0

1	2	3	4	5	6
16.	Latehar	0	0	0	0
17.	Hazaribagh	0	0	0	0
18.	Chatra	0	0	0	0
19.	Koderma	0	0	0	0
20.	Deoghar	1	0	0	4
21.	Dhanbad	0	0	0	0
22.	Bokaro	0	0	0	0
	TOTAL:	40	21	4	5

*Provisional

Statement-II

District-wise Deaths due to T.B. in Jharkhand during 2003 to 2005

SI. No.	District	2003	2004	2005
1	2	3	4	5
1.	Bokaro	*	*	50
2.	Chatra	*	20	28
3.	Deoghar	10	32	37
4.	Dhanbad	19	52	44
5.	Dumka	*	4	76
6.	Garhwa	*	3	38
7.	Giridih	*	*	27
8.	Godda	*	*	21
9.	Gumla	*	15	29
10.	Hazaribagh	70	74	51
11.	Jamtara	*	24	24
12.	Kodarma	*	*	9.
13.	Latehar	4	15	19
14.	Lohardaga	*	8	22
15.	Pakaur	*	*	40
16.	Palamu	59	45	43
17.	Pashchimi Singhbhum	*	2	97'
18.	Purbi Singhbhum	*	70	132
19.	Ranchi	81	84	96
20.	Sahibganj	*	*	30

1	2	3	4	5
21.	Saraikela-Kharsawan	*	8	50
22.	Simdega	*	6	24
	TOTAL:	243	462	987

* RNTCP DOTS Programme was not being implemented during that period in the district.

Special grant to the Red Cross

2088. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH. AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry propose to make a special grant to the Indian Red Cross Society to tackle the unprecedented situation arising from floods this year in various parts of the country;

(b) if so, the details thereof;

(c) if not, whether his Ministry would take specific steps to tackle the likely outbreak of diseases in the flood affected areas and if so the details thereof; and

(d) the expenditure likely to be incurred thereon from the Central budget?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRLMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Does not arise.

(c) and (d) The primary responsibility for managing natural disasters is that of the State Government. The Central Government supports the State in terms of human resource and material supplies on the request of the State Government or the extent of the disaster is beyond the coping abilities of the State. Ministry of Home Affairs is the nodal Ministry for management of natural disasters. Ministry of Health and Family Welfare is one of the supporting Ministries. Emergency medical preparedness and response activities include:

- There is an Emergency Support Function Plan which is put into action during disasters.
- Health sector guidelines to deal with public health situation in the aftermath of any natural calamity is circulated to the State Governments in the pre-monsoon period. This includes guidelines on investigation and control of outbreaks of water borne diseases.
- Depending upon the natural and extent of disaster, Ministry of Health and Family Welfare organizes emergency medical relief in terms of providing manpower, essential drugs and consumables in consultation with the State Government to tide over the crisis.
- Disease surveillance activities are mounted and public health measures are instituted to prevent outbreak of epidemic prone diseases and to contain them if it has to happen.